

Aerospace Education Services Program Student Program Request

Date(s) of Program: _____ Number of Participants: _____

Requestor Information *(Please print or type clearly)*

Last Name _____ First Name _____ MI _____

School Name _____

School Address _____

City _____ County _____ State _____ Zip Code _____

Phone _____ FAX _____ E-Mail _____

REQUESTOR Position: ☐ Teacher ☐ Administrator ☐ Other _____

School Information:

Location of site if different from school address:

Location _____

City _____ County _____ State _____ Zip Code _____

Seating Capacity _____ Number of workshop participants _____

Event Site (Check all that are available)

☐ Water ☐ Large Screen ☐ Tables/Chairs ☐ Elevator/Ramp ☐ Electricity ☐ TV/VCR
☐ Internet

Program Content:

Grade Levels of Students: ☐ K-4 ☐ 5-8 ☐ 9-12 ☐ Other/Explain _____

Type of Program Requested

Number/Grade Level of Assembly Participants: _____

Assembly Program Classroom Visit: Aerospace Specialist will present one of the following combinations in a single day's presentation. **Please indicate your preference.** Allow a minimum of fifteen minutes between consecutive programs.

Assembly Program Focus: Overview of NASA and current mission status

Number/Grade of Classroom Participants: _____

Classroom Visit Focus: Q&A of Assembly program

☐ **One** 45-60 minute assembly program combined with **two** 25-minute Q&A classroom visits

☐ **Two** 45-60 minute assembly program combined with **one** 25-minute Q&A classroom visits

☐ **Three** 45-60 minute assembly programs

Describe your purpose/objectives/goals of this program:

Describe how this request will enhance your students learning outcomes:

Please provide agenda with beginning and ending times (***PLEASE NOTE:** 1hr is required for set-up and 1hr is required for tear-down. Safety concerns require students **NOT** to have access to assembly site during set-up or tear-down. In addition, due to the nature of many of the display items used in our presentation, assembly location **MUST** be secure at all times.)*)

COMMENTS:

Please return completed form to:

**NASA Glenn Research Center
AESP 7-4
21000 Brookpark Road
Cleveland, OH 55135
(216) 433-5572
(216) 433-5924 (FAX)**